

Family Account Name _____
(main contact) Last First Date of Birth

Address _____

Home Phone # _____ **Work #** _____

Emergency Contact Name _____ **Phone #** _____



Participants' Name		Activity	Date of Birth	Sex	Medical Alert	Fee
Last	First					

Waiver: All participants in Town Parks and Recreation Programs do so at their own risk. Individuals are responsible to check all class descriptions and be sure that they or their child's physical condition and skill dictate that they may safely participate.

Total \$ _____

Signature: _____ Date _____
Parent/Guardian/Participant